U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as a nended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 13 352		2. Fiscal Year Covered From:		
2	. <b>.</b>	1 / 1 / 2004 7	Through: 12 / 31 / 2004	
3. Name and address of person filing.		4. Name, file number, and address of labor organization.		
Name John	C Scialdone	Name UFCW District Union Local One		
		Labor Organization Fila Number	26854	
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any		
Street 106 Memorial Parkway		Street 106 Memorial Parkway		
City Utica		City Utica		
State New York	ZIP Code + 4 13501	State New York	ZIP Code + 4 13501	
5. Position in labor organization.	mployee/ESC Fund			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City				
Oily City				
State ZIP Code + 4				

## Signature

15. Signature and verification. The undersigned disclares, under penalty of Perjury and other applicable penalies of the law, that all of the information submitted in this report (including the information pontained in any accompanying documents), has been examined by the signatory and is, to the best of the						
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						
Signed John Mislem	on 8/15/05 31	5-191-9600				
	Date	Telephone Number				
		- III II				

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Name of Person Filing John Scialdone		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (* .a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent; or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with			
Name UFCW Local One Education, Safety & Cultural	a. Labor Organization  b. Trust  c. Employer			
P.O. Box, Bldg., Room No., if any				
Street 106 Memorial Parkway				
City Utica  State New York ZNP Code + 4 13501				
211-0009+4 13301				
10. If 9.b. or 9.c. is checked give trust or employ ar's name.	11.a. Nature of such dealing.  Provide Administrative Services to UFCW Local One sponsored Benefit Fund			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest he	la or income received.		
State ZIP Code + 4	Cell Phone 2004 Automobile 2004 Hotel Business Re Per Diem 2004 Tolls 2004	ated 2004	\$ 521.02 \$8,750.00 \$3,163.31 \$ 275.00 \$ 203.03	
	12.b. Amount.		\$12,912	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value	***************************************		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street	:			
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			